

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re application of: Paboojian et al. | | | Group No: 3734 | | | |
|--|----------------------------------|------------------------------------|---|--------------|--------------------------------|----------------|
| Application No: 09/731,318 | | | Examiner: Mendoza, Michael G. | | | |
| Confirmation No: 1028 | | | Attorney Docket No: 53246-US-CNT[2] (NV.0050.01) | | | |
| Filed: December 6, 2000 | | | September 22, 2010 San Francisco, California 94107 | | | |
| Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS | | | | | | |
| Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | Extension of Time | | | |
| | | | <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 | | | |
| Via EFS | | | Extension (Months) | | Extension Fee | |
| <input checked="" type="checkbox"/> Response to Final Office Action | | | <input type="checkbox"/> One Month | | Large Entity Small Entity | |
| <input type="checkbox"/> Request for Continued Examination (R.C.E.) | | | <input type="checkbox"/> Two Months | | \$130.00 \$65.00 | |
| <input type="checkbox"/> Notice of Appeal (form PTO/SB31) | | | <input type="checkbox"/> Three Months | | \$490.00 \$245.00 | |
| <input type="checkbox"/> Drawings | | | | | \$1,110.00 \$555.00 | |
| <input type="checkbox"/> Supplemental Information Disclosure Statement | | | | | Total \$0.00 | |
| <input type="checkbox"/> PTO-SB08 Form | | | <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, | | | |
| <input type="checkbox"/> Citations | | | this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. | | | |
| <input type="checkbox"/> Terminal Disclaimer | | | | | | |
| <input type="checkbox"/> Postcard for Return | | | | | | |
| Fees for Extra Claims | | | | | | |
| | Claims remaining after amendment | Highest number previously paid for | Number Extra | Rate | | Additional Fee |
| | | | | Large Entity | Small Entity | |
| Total Claims | 18 | 34 | 0 | \$52.00 | \$26.00 | \$0.00 |
| Independent Claims | 3 | 3 | 0 | \$220.00 | \$110.00 | \$0.00 |
| Multiple Dependent Claims | | | 0 | \$390.00 | \$195.00 | \$0.00 |
| Supplemental Information Disclosure Statement | | | | | | |
| Total | | | | | | \$0.00 |
| Fee Payment | | | Fee Deficiency | | | |
| Extension Fee | \$0.00 | | <input checked="" type="checkbox"/> If any additional extension fee is required, please charge Deposit Account No. <u>10-0258</u> . | | | |
| Fee for Extra Claim(s) | \$0.00 | | and/or | | | |
| Total | \$0.00 | | <input checked="" type="checkbox"/> If any additional fee for claims or any other fee is required, please charge Deposit Account No. <u>10-0258</u> . | | | |
| <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. | | | Please direct telephone calls to: Guy V. Tucker at (415) 538-1555. | | | |
| <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00. | | | Please continue to send correspondence to: | | | |
| CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): | | | NOVARTIS AG | | | |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 263-8300, or electronically submitted via EFS on the date shown below: | | | Corporate Intellectual Property | | | |
| | | | One Health Plaza 104/3 | | | |
| | | | East Hanover, NJ 07936-1080 | | | |
| By: <u>Melanie Hitchcock</u> Date: <u>September 22, 2010</u> | | | Respectfully Submitted, | | | |
| Melanie Hitchcock | | | <u>Guy V. Tucker</u> | | | |
| | | | Guy V. Tucker | | | |
| | | | Registration No. 45,302 | | | |
| | | | Date: <u>September 22, 2010</u> | | | |